10 Steps for Preventing C. Diff Outbreaks

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An outbreak of *Clostridium difficile (C. diff)* in a healthcare facility can cause higher death rates, increased length of stay and add stress on lab testing services. "All of these factors place a higher burden on our scarce health resources," says Irena Kenneley, PhD, APRN-BC, CIC, an assistant professor at Case Western Reserve University and expert with the Association for Professionals in Infection Control (APIC). She discusses 10 steps healthcare providers can take to prevent a *C. diff* outbreak in their facilities.

1. Place patient in contact precautions for the duration of illness. When a patient is diagnosed with *C. diff*, the facility should place the patient in contact precautions at least for the duration of the diarrhea. There are some studies underway that suggest keeping patients in contact precautions for 48 hours after the cessation of diarrhea and antibiotic therapy because it has been shown that patients may continue to shed the bacteria in their stool for two days after the condition is under control, says Dr. Kenneley.

2. Monitor that hand hygiene is in compliance with CDC/WHO guidelines. Make sure your staff and facility is practicing good hand hygiene practices that comply with the Center for Disease Control and Prevention and World Health Organization guidelines. Ensure that all medical professionals and family members who are in contact with the patient or patient's environment are practicing good hand washing technique and infection control protocols.

3. Cleaning and disinfection of equipment in the environment. Pay extra attention to ensure the proper disinfection processes are followed with the equipment that come in contact with a *C. diff* patient. "Generally speaking, if we know that the patient's had *C. diff*, we use bleach for the duration of the patient's stay," says Dr. Kenneley. It's important to use bleach instead of soap and water rather than an alcohol rub for combating *C. diff* because the organism is able to form spores which allow it to survive in hostile environments.

"Bleach has been shown to eliminate spores," says Dr. Kenneley. "There is some debate as to this topic, but it's been generally accepted by most practitioners."

4. Have a lab-based alert system in place. The sooner everyone knows a patient has *C. diff*, the sooner they can take the necessary precautions to prevent it from spreading further. Depending on the size and type of facility, the alerts may be issued through an electronic system or initiated by the laboratory personnel. "Everyone should be alerted when a patient has *C. diff* as soon as possible so they can take the appropriate precautions and place them in isolation," says Ms. Kenneley.

5. Appoint infection preventionists to promote *C. diff* education. Surgical facilities should have an infection preventionist or staff member who is an expert in infection control to ensure compliance with protocol and administer education about infection prevention. These staff members should provide education for the housekeeping staff, administration, patients and families about *C. diff*. They may want to use charts or picture to illustrate the infection and disinfection and hygiene process to decrease the risk of spreading the infection.

"APIC has produced some tremendously valuable education materials," says Dr. Kenneley. "You can also provide housekeeping and nursing staff with check lists detailing whether surfaces have been cleaned or not."

6. Evaluate and optimize surveillance and testing for *C. diff*. When nurses detect symptoms of *C. diff*. in undiagnosed patients, they should have the ability to collect specimens and send them to the lab for testing. "Nurses need to be empowered to collect these specimens, and many times they are not," says Dr. Kenneley. "The institutions need to realize this and streamline the process of sending the specimens down to the lab." Once the specimens are in the lab, there should be an internal process for a swift and efficient evaluation. If the situation warrants, many times patients with diarrhea are placed in contact isolation based on a presumptive diagnosis pending confirmation by the microbiology lab.

7. Implement soap and water hand hygiene. Strategically place sinks or washing stations with soap and water near the entrance or just inside the patient's room so it's available for anyone entering and exiting the room. Newer facilities are often designed with sinks right next to the door, while some older facilities have placed hand washing stations just outside of the rooms.

"If it's not economically feasible for a facility to rearrange their sinks, they can post reminders around the area so staff members remember to wash their hands," Dr. Kenneley says.

8. Use bleach for cleaning the room. Cleaning staff should use bleach when cleaning the rooms of patients with *C. diff*, especially when the patient is discharged, known as terminal cleaning. Facilities can often mix their own bleach and water combination to prevent spreading the disease. To ensure the employees are cleaning the rooms appropriately, use a fluorescent light to detect surfaces that are still infected after an area has been "cleaned."

"When employees know how well they are or are not doing, they have a way to know whether they need to improve or continue doing their good work," says Dr. Kenneley.

9. Execute an antimicrobial stewardship program. *C. diff* often occurs when patients are prescribed an antibiotic within the past three months. Healthcare facilities can create a multidisciplinary program to ensure patients are being administered the appropriate types and amounts of antibiotics. "For these programs, the infections disease physician, infection preventionist, pharmacist, medical director and the director of nursing all get together to make sure antibiotics are used appropriately at the institution," says Dr. Kenneley.

10. Enforce a universal glove policy on high risk units. High risk groups for contracting *C. diff* are elderly and young patients, surgical wards and those who have been hospitalized for an extended period of time. Facilities can implement a policy to make sure everyone is wearing protective gloves in these units or other high risk areas as a further way to combat an outbreak.

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